



ARMY FEE ASSISTANCE

Recertification Checklist for Department of Army Civilians

_____ Printed name of qualifying Army Sponsor

Assigned Army Post/Garrison: _____

If duty station is not on the Garrison, please provide place of duty: _____

Sponsor/Family Documents:

_____ **Fee Assistance Family Application – Army 2014-01**

_____ Copy of your most recent Leave & Earnings Statement (LES)

_____ Copy of your most recent Federal Tax Return Form 1040

_____ Copy of your current **SF50 or DA Form 3434**

_____ Copy of the spouse/partner, to include unmarried legal parents/partners, most recent pay statement(s) or school schedule that reflect the following:

Full Time AFA:

- ☐ The past 4 consecutive weeks of employment that reflect an average of 25 hours or more per week
- ☐ Enrolled in 12 credit hours or more of undergraduate school
- ☐ Enrolled in 9 credit hours or more of graduate school

Part Time AFA:

- ☐ The past 4 consecutive weeks of employment that reflect a minimum of 16 and less than 25 hours per week
- ☐ Enrolled in 6 - 11 credit hours or more of undergraduate school
- ☐ Enrolled in 3 – 8 credit hours or more of graduate school

_____ **Certification for Seeking Employment or Enrolling in School – Army Form 2010-04 (if applicable)**

_____ Copy of your spouse/partner, to include unmarried legal parents/partners, most recent Federal Tax Return Form 1040, if applicable.

Child Care Provider Information

My child/children will continue to use the provider currently on file with the GSA: Yes_____ No_____

My child/children will be changing child care providers effective on the following date: _____

New Provider Name: _____

New Provider Address: _____

City: _____ State: _____ Zip: _____

New Provider Contact Email Address: _____

Contact Name/Phone Number of Provider: _____

_____ If the new provider you have chosen is currently a qualifying Child Care Provider approved to participate in the Army Fee Assistance Program through the General Services Administration (GSA); your provider will submit the Family Enrollment Form CC 2014-06 directly to the GSA to complete your application.

_____ If you have a new provider that is not currently participating in the Army Fee Assistance Program, please have the provider visit the GSA website http://financeweb.gsa.gov/childcare_portal/for_providers to begin the enrollment process, or they may contact the GSA via email at army.childcare@gsa.gov or at (866) 508- 0371 for an application packet.

The forms and documents listed above are required for a standard application. Please note that your situation and application may require additional documents and/or information.

Fax: (816) 823-5410

Scan and email to: armychildcare.recertifications@gsa.gov

GSA Subsidy Administration Section
1500 E. Bannister Rd., Rm. 1061, KCMO 64131
Tel: (866) 508-0371 | Fax: (816) 823-5410
armychildcare.recertifications@gsa.gov

Army 2012-06B



ARMY FEE ASSISTANCE

Army Fee Assistance Sponsor/Family Application

Type of Application: ☐ New Family ☐ Annual Recertification ☐ Re-Application (Previously enrolled, not current)
☐ Adding Child/Children (Must list all children to be enrolled in Fee Assistance) ☐ Reactivation of Army Fee Assistance (Currently Enrolled)

Applications that are not fully completed or do not contain the information below cannot be processed. By completing this form, you attest that the information is true and accurate.

Section I - Parent / Legal Guardian

Name of Qualifying Army Sponsor (Last, first, middle initial)	Social Security Number	Rank/Grade												
Work Address (Include street, city, state and zip code)	Work email address (MANDATORY)													
	Work telephone number													
Home Address (Include street, city, state and zip code)	Home email address													
	Alternate phone number													
Army Sponsor Status: <input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced														
POA Name:														
POA Email:	POA telephone number:													
Eligibility Status of Army Sponsor, check all that apply:														
<table border="0"><tr><td><input type="checkbox"/> Army Active Duty</td><td><input type="checkbox"/> Activated</td></tr><tr><td><input type="checkbox"/> Army Reserve: Title 10 _____</td><td><input type="checkbox"/> Deployed</td></tr><tr><td><input type="checkbox"/> Army National Guard: Title 10 _____ Title 32 _____</td><td><input type="checkbox"/> DA Civilian</td></tr><tr><td><input type="checkbox"/> Wounded Warrior (WTU & WTB)</td><td><input type="checkbox"/> Survivor of Fallen Soldier (SOS)</td></tr><tr><td><input type="checkbox"/> Special Operations Command (SOCOM)</td><td><input type="checkbox"/> Assigned to Army Supported Joint Base Installations</td></tr><tr><td><input type="checkbox"/> Recruiter</td><td><input type="checkbox"/> Medically Retired Wounded (AW2)</td></tr></table>			<input type="checkbox"/> Army Active Duty	<input type="checkbox"/> Activated	<input type="checkbox"/> Army Reserve: Title 10 _____	<input type="checkbox"/> Deployed	<input type="checkbox"/> Army National Guard: Title 10 _____ Title 32 _____	<input type="checkbox"/> DA Civilian	<input type="checkbox"/> Wounded Warrior (WTU & WTB)	<input type="checkbox"/> Survivor of Fallen Soldier (SOS)	<input type="checkbox"/> Special Operations Command (SOCOM)	<input type="checkbox"/> Assigned to Army Supported Joint Base Installations	<input type="checkbox"/> Recruiter	<input type="checkbox"/> Medically Retired Wounded (AW2)
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<input type="checkbox"/> Wounded Warrior (WTU & WTB)	<input type="checkbox"/> Survivor of Fallen Soldier (SOS)													
<input type="checkbox"/> Special Operations Command (SOCOM)	<input type="checkbox"/> Assigned to Army Supported Joint Base Installations													
<input type="checkbox"/> Recruiter	<input type="checkbox"/> Medically Retired Wounded (AW2)													

Section II - Spouse / Partner

Spouse/Partner Name	Eligibility Status (Spouse/Partner must be working or attending school in order to qualify for Fee Assistance): <input type="checkbox"/> Employed <input type="checkbox"/> Student
Employer	College/University
Number of hours worked per week:	Enrollment/Semester start date:
If federally employed, provide Grade/Rank:	Number of credit hours: <input type="checkbox"/> Graduate <input type="checkbox"/> Undergraduate

Section III - Child Information

<i>List information for all children for whom you are applying for Army Fee Assistance beginning with youngest child</i>	
Name of Child	Name of child care provider
Date of birth (MM/DD/YYYY):	Enrollment Date (MM/DD/YYYY):
Does the child named above reside in the home with the qualifying Army Sponsor: <input type="checkbox"/> Yes <input type="checkbox"/> *No	
*If No, please provide an explanation, location and with whom the child resides:	
Type of care provided: <input type="checkbox"/> Full Time (25 + hours per week) <input type="checkbox"/> Part Time (16 - 25 hours per week) <input type="checkbox"/> Before School only <input type="checkbox"/> After School only <input type="checkbox"/> Before & After School Care <input type="checkbox"/> Respite Care	
Is any other form of state, county or local subsidy being received on behalf of this child? <input type="checkbox"/> *Yes <input type="checkbox"/> No	
*If yes, please provide source: _____ Amount of other subsidy: \$ _____	

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**Army Fee Assistance Sponsor/Family Application - Page 2****Section III - Child Information - Continued**

Name of Child	Name of child care provider
Date of birth (MM/DD/YYYY):	Enrollment Date (MM/DD/YYYY):
Does the child named above reside in the home with the qualifying Army Sponsor: _____ Yes _____ *No	
*If No, please provide an explanation, location and with whom the child resides:	
Type of care provided: _____ Full Time (25 + hours per week) _____ Part Time (16 - 25 hours per week) _____ Before School only _____ After School only _____ Before & After School Care _____ Respite Care	
Is any other form of state, county or local subsidy being received on behalf of this child? _____ *Yes _____ No	
*If yes, please provide source: _____ Amount of other subsidy: \$ _____	
Name of Child	Name of child care provider
Date of birth (MM/DD/YYYY):	Enrollment Date (MM/DD/YYYY):
Does the child named above reside in the home with the qualifying Army Sponsor: _____ Yes _____ *No	
*If No, please provide an explanation, location and with whom the child resides:	
Type of care provided: _____ Full Time (25 + hours per week) _____ Part Time (16 - 25 hours per week) _____ Before School only _____ After School only _____ Before & After School Care _____ Respite Care	
Is any other form of state, county or local subsidy being received on behalf of this child? _____ *Yes _____ No	
*If yes, please provide source: _____ Amount of other subsidy: \$ _____	

Section IV - Certification of Army Sponsor or Power of Attorney (POA)

I understand that it is a Federal crime under United States Code (USC) 18, Section 1001, to make a false statement on this form. If I make a false statement, I agree to be subject to criminal prosecution and punishment including a fine, imprisonment or both. In addition, I may be subject to administrative punishment to include the termination of my federal employment.

Misrepresentation or falsifying this information may subject the individual to prosecution under the Uniform Code of Military Justice (UCMJ) and/or applicable State and Federal Laws.

I certify that the above information is true and correct to the best of my knowledge.

Signature of Qualifying Army Sponsor _____ *Date of Certification (MM/DD/YYYY)* _____

Privacy Act Statement

Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a Social Security Number or Tax Identification Number (TIN). This is an amendment to Title 31, Section 7701. The primary use of information regarding family income (copies of pay statements and tax returns), name of current child care provider, copies of provider's license, letter of Accreditation, statement of compliance, and information about other child care subsidies is also used to determine eligibility for Fee Assistance. Disclosure of the above information is voluntary, but failure to provide all of the requested information may result in the denial of your application.

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ARMY FEE ASSISTANCE

Certification for Seeking Employment or Enrolling in School

Army Fee Assistance (AFA) for child care is authorized for up to 90 days to allow a spouse/partner to look for employment or enroll in school. This Certification Statement must be completed and signed by the Sponsor and their spouse/partner in order to qualify for, or continue to qualify for, fee assistance.

Certification Statement

I _____ certify that
Printed name of qualifying Army Sponsor

_____ is currently seeking employment
Printed name of spouse/partner

or will be enrolling in school. Mark below, as applicable.

_____ My child/children is/are currently enrolled in full time care

_____ My child /children is/are currently enrolled in part time care

_____ My child/children will be enrolled in full time care

_____ My child/children will be enrolled in part time care

_____ I will not need child care for my child/children during this period and my

child/children's last day of attendance will be _____
Enter final date that child care benefits are to be paid

I will notify the GSA Subsidy Administration Section in writing to report the start date of employment and/or school enrollment date. I will provide a copy of pay stubs or student school schedule to the GSA to ensure that the number of hours worked or enrolled in school meets the minimum requirement as set forth by the AFA guidelines.

I understand that after 90 days my Fee Assistance will be discontinued if my spouse/partner does not find employment or enroll in school and provide required pay documents or a valid student school schedule to the GSA Subsidy Administration Section

Misrepresentation or falsifying this information may subject the individual to prosecution under the Uniform Code of Military Justice (UCMJ) and/or applicable State and Federal Laws.

Signature of qualifying Sponsor

Date

Spouse/Partner's Signature

Date

Note to applicants: Fee assistance is retroactive from the date your application is received at the GSA Subsidy Administration Section pending receipt of all required documents. If supporting documents are not received within 90 days of application, a new application will need to be filed in order to establish a new Fee Assistance start date.

